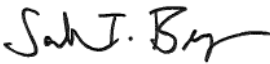
 <div style="display: inline-block; text-align: center;">             United States  <b>Environmental Protection Agency</b>              Washington, DC 20460           </div>		<input checked="" type="checkbox"/> <b>Registration</b> <input type="checkbox"/> <b>Amendment</b> <input type="checkbox"/> <b>Other</b>	OPP Identifier Number
<b>Application for Pesticide – Section I</b>			
1. Company/Product Number <b>Bayer CropScience LP 264-XXX</b>		2. EPA Product Manager <b>Heather McFarley</b>	
4. Company/Product (Name) <b>Bayer CropScience LP/GFA 280</b>		3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted	
5. Name and Address of Applicant (Include ZIP Code) <b>Bayer CropScience LP</b> <b>800 N. Lindbergh Blvd</b> <b>St. Louis, MO 63167</b> <input type="checkbox"/> Check if this is a new address		6. <b>Expedited Review.</b> In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. <span style="background-color: black; color: black;">XXXXXXXXXX</span> *Product ingredient source information may be entitled to confidential treatment* Product Name <span style="background-color: black; color: black;">XXXXXXXXXX</span>	
<b>Section – II</b>			
<input type="checkbox"/> Amendment – Explain below. <input type="checkbox"/> Resubmission in response to Agency email dated x/x/xxxx <input type="checkbox"/> Notification – Explain below.		<input type="checkbox"/> Final printed labels. <input checked="" type="checkbox"/> "Me Too" Application. <input type="checkbox"/> Other – Explain below.	
<b>Explanation:</b> Use additional page(s) if necessary. (For section I and Section II.) *Product ingredient source information may be entitled to confidential treatment* Submission of GFA 280, an end use product identical to <span style="background-color: black; color: black;">XXXXXXXXXX</span> PRIA fee of \$1,746.00			
<b>Section – III</b>			
1. Material This Product Will Be Packaged In:			
Child-Resistant Packaging <input type="checkbox"/> Yes* <input type="checkbox"/> No <b>* Certification must be submitted</b>	Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" Unit Packaging wgt.    No. per Container	Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" Package wgt.    No. per Container	2. Type of Container <input type="checkbox"/> Metal <input type="checkbox"/> Plastic <input type="checkbox"/> Glass <input type="checkbox"/> Paper <input type="checkbox"/> Other (Specify)
3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container various	
		5. Location of Label Directions <input type="checkbox"/> On Label <input type="checkbox"/> On Labeling accompanying product	
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled		<input type="checkbox"/> Other: _____	
<b>Section – IV</b>			
1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)			
Name <b>Sarah Berger</b>		Title <b>Regulatory Affairs Manager</b>	
		Telephone No. (Include Area Code) <b>(636) 628-1289</b>	
<b>Certification</b> I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.			6. Date Application Received <b>(Stamped)</b>
2. Signature 		3. Title <b>Regulatory Affairs Manager</b>	
4. Typed Name <b>Sarah Berger</b>		5. Date <b>04/11/2022</b>	